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# **FAMILY ASSISTANCE AND HOME-BASED SUPPORT SERVICES PROGRAMS**

*Helping people with  
severe mental disabilities*



Many children and adults with severe mental disabilities want to live in their own homes rather than group or institutional settings. Their families often make sacrifices to make this possible. Two Illinois programs can help meet the special service needs and unusual expenses connected with living at home.

## WHAT THE PROGRAMS ARE

The ***Home-Based Support Services Program*** tailors services to help adults with eligible disabilities live at home. The ***Family Assistance Program*** makes monthly cash payments to families of children with severe disabilities.

The Illinois Department of Human Services accepts applications and selects as many individual and family participants as funding will allow.

Funds typically are appropriated for the programs during the spring session of the General Assembly. If funding is sufficient to allow enrollment of additional persons, new persons are selected by a random drawing during the summer. If such a drawing is held in a given year, families and individuals whose applications are received by May 31 of that year are eligible for the random drawing.

Persons not selected are notified annually by mail and are asked whether they wish to remain on the waiting list for future drawings. If you have responded to such a mailing during the past year, there is no need to reapply. If you believe you are eligible and have not applied, you may use the application form attached to this brochure.

## HOW THE PROGRAMS CAN HELP

The ***Family Assistance Program*** pays a monthly stipend to help with the costs of caring for the eligible child (age 17 or younger) with a severe mental disability. Participating families receive approximately \$5,000 to \$7,000 yearly.

The ***Home-Based Support Services Program*** pays for services to help enrolled adults (age 18 or older) become more independent living on their own or with their families. Participating adults are entitled to services worth approximately \$17,000 to \$19,000 per year.

## WHO IS ELIGIBLE?

**Eligible disabilities** (These are fully defined in state statute 405 ILCS 80. Eligibility is determined by DHS upon review of professional assessments.)

- **Severe autism** (children or adults) - a lifelong disability beginning in early childhood with severe disturbances in social interactions, communication, imaginative activity, and activities and interests.
- **Severe or profound mental retardation** (children or adults) - a lifelong disability which results in a significantly sub-average intellectual functioning (IQ of 40 or below) and a severe or profound impairment in adaptive behavior.
- **Severe and multiple impairments** (children or adults) - all of the following conditions beginning before age 18:

A developmental disability which constitutes a substantial handicap attributable to mental retardation, cerebral palsy, epilepsy, or autism or a condition which results in impairment similar to it and which requires similar services, and is expected to continue indefinitely.

Multiple handicaps in physical, sensory, behavioral or cognitive functioning which constitute a severe or profound impairment.

Development substantially less than expected for the age in cognitive, affective or psychomotor behavior.

- **Severe mental illness** (adults) - both of the following:

A primary diagnosis of schizophrenia, delusional disorder, schizo-affective disorder, bipolar affective disorder, atypical psychosis or major depression (recurrent).

Functioning substantially impaired in areas such as self-maintenance, social functioning, activities of community living or work skills.



- **Severe emotional disturbance** (children) - both of the following:

A primary diagnosis which meets criteria of a mental illness or emotional disturbance with onset in childhood or adolescence. (Not included in this definition are adjustment disorders, mental retardation, autism or other disorders based on physical impairment or alcohol/substance abuse.)

Severe long-term functional impairment substantially limiting two or more major life activities such as self-care, receptive and expressive language, learning and social interaction and self-direction.

### ***Eligible Residency***

Participants may not live in a nursing home or in a facility licensed under the Child Care Act, but children and adults planning to move home with the program's help can qualify.

Children must:

- live with a biological, adoptive or foster parent or
- live with a legal guardian.

Adults may:

- live full-time in their own home or apartment,
- live in a private home with a relative or guardian or
- live together with as many as three unrelated adults (not service providers).

### ***Income Eligibility***

Adults must be eligible for federal Supplemental Security Income (SSI) or Social Security Disability Income (SSDI).

The household income for the eligible child must be less than \$50,000 per year after deductions. (Look on your Income Tax Form for your family's "taxable income." If the child is a foster child, only his or her income is considered.)

# APPLICATION FORM

Family Assistance Program and Home-Based Support Services Program  
(Please Print)

Name of person with disability \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

Birth Date \_\_\_\_\_

Social Security number. \_\_\_\_\_

Sex (for statistical purposes only):    ☐ Male    ☐ Female

Race (for statistical purposes only):

☐ Caucasian    ☐ Black    ☐ Hispanic    ☐ Other

Disability:

- ☐ Severe autism (adults or children)
- ☐ Severe or profound mental retardation (adults or children)
- ☐ Severe and multiple impairments (adults or children)
- ☐ Severe mental illness (adults)
- ☐ Severe emotional disturbance (children)

Name of parent or guardian (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Telephone (     ) \_\_\_\_\_

Name of another person we may contact if we are unable to reach you:

\_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

I declare that the information above is true and I understand that the Illinois Department of Human Services will conduct an assessment to ensure eligibility if the applicant is selected.

To be signed by adult applicant or guardian or by child's parent, foster parent or guardian.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLACE  
STAMP  
HERE

**Family Assistance/Home-Based Support  
Illinois Department of Human Services  
405 Stratton Office Building  
Springfield, IL 62765**

## USING PAYMENTS FOR CHILDREN

Each participating family decides how to spend the money it receives. Families may use the money for such things as respite care, child care, therapy, medical expenses, family counseling, home remodeling to meet the child's needs or for a special vehicle or other equipment.

## PURCHASING SERVICES FOR ADULTS

Participating adults are linked to a local community agency where a professional helps them select services designed to allow them to stay home, learn new skills, even get a new job. These services might include:

- home health services
- personal care services (help with dressing, etc.)
- Training and assistance in self-care (help with learning how to dress, cook meals, etc.)
- habilitation and rehabilitation services
- services related to finding a job, supported employment
- respite care
- crisis management

Adults may also use the funds to purchase medicine, nutritional supplements, adaptive equipment, modifications to make their home more accessible or other items.

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## SELECTION PROCESS

Because the money for these programs is limited, only some of the eligible persons who apply will be selected - by a random selection method - to participate when funds become available. Families or individuals chosen through the random selection must submit additional information to verify the severity of the disability.

If you believe you or your family member may be eligible for one of these programs, tear off and fill out the attached application form.

## QUESTIONS?

If you have a question about the **Home-Based Support Service Program** or the **Family Assistance Program**, please call 1-800-843-6154, extension 3, weekdays. Speech or hearing impaired persons can access this number by using the Illinois Relay Center Service at 1-800-526-0844 TTY.

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Programs, activities and employment opportunities in the Illinois Department of Human Services are open and accessible to any individual or group without regard to age, sex, race, sexual orientation, disability, ethnic origin, or religion. The department is an equal opportunity employer and practices affirmative action and reasonable accommodation programs.

**IL 462-1235FH (R-12-01)**

**Family Assistance and Home-Based Support Services**

Printed by the Authority of the State of Illinois  
P.O. #3269; 30,000 copies